

MISSOURI'S GUIDE TO HOME AND COMMUNITY BASED SERVICES

**SUPPORT SERVICES TO HELP PERSONS WITH
DISABILITIES AND OLDER MISSOURIANS LIVE
INDEPENDENTLY IN THEIR HOMES
AND COMMUNITIES**

This version of the Guide is provided in accordance with 19 CSR 30-88.010(9).
More recent information in "html" and "pdf" formats may be found at:
<http://www.gcd.oa.mo.gov/PIC/ServicesPamphlet/index.shtml> .

**For Important Phone Numbers,
See Last page of this Booklet**

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TABLE OF CONTENTS

Introduction	5
What Are My Options?	6
How Do I Qualify?	7
• Functional Eligibility	
• Financial Eligibility	
Applying for Services	8
• Application Process	9
• Payment for Services	10
• When Will Services Begin?	10
Appeal Process	
• How Do I File an Appeal?	11
• What If I Don't Like the Appeal Decision?	11
What Does Consumer-Directed Mean?	11
Other Programs Available for Non-Medicaid Eligible Individuals	12
Questions for Nursing Facility Residents or Individuals in an RCF or ICF/MR	13
Medicaid Waiver Index	
• Aged and Disabled Waiver	15
• AIDS Waiver	16
• Independent Living Waiver	17
• Lopez Waiver	18
• MR/DD Comprehensive Waiver	19
• MR/DD Community Support Waiver	20
• Physical Disabilities Waiver	21

TABLE OF CONTENTS CONTINUED

State Plan Services	22-23
Other State Agencies to Contact	24-26
Bureau of Special Health Care Needs	
• Hope Program	
• Adult Head Injury Service	
• Service Coordination	
Governor's Council on Disabilities	
Missouri Assistive Technology Project	
Missouri Developmental Disabilities Planning Council	
Missouri Developmental Disabilities Resource Center	
Definitions: Agencies and Terminology	27-29
Numbers to Know: Agency Phone Listing	30

INTRODUCTION



Many people with disabilities and elderly persons wish to continue living independently in their homes and communities. For some, this is possible with the aid of supportive services available to Missourians of all ages. Eligibility for these services is dependent upon the applicant's income and resources, need for care and the availability of services.

People who would like to stay in their home and community with the assist of supportive services may be eligible for home and community services if certain requirements are met. The services available in Missouri are funded through state or federal revenues, or through Medicaid. Medicaid is the state administered health care program for low-income persons. It is financed by a combination of state and federal funding.

Missouri offers a variety of home and community-based services. They include programs to provide assistance with activities of daily living such as bathing, grooming, meal preparation, housekeeping, counseling, help with arranging medical services, therapy and relief for caregivers. This booklet describes programs for persons with disabilities and the elderly. While offering different services, several of the programs share common factors. Each is designed to help people who qualify for institutional or other specialized care to remain in or return to their home or community. Many of the programs require that an individual apply for and are determined eligible for Medicaid benefits.

WHAT ARE MY OPTIONS?

The programs available to you depend upon your needs and resources. Various programs offer services designed to help a person live as independently as possible in his or her home or community. Most programs are available statewide.

Services vary for each program, but may include a combination of care such as :

- Adult day programs
- Assistive devices, i.e. adapted eating utensils or communication devices
- Case management; and coordination of services
- Changes to the home, i.e. widen a doorway for wheelchair accessibility
- Counseling
- Employment support services
- Home delivered meals
- Homemaker services
- In-home medical care such as personal care and skilled nursing visits
- Personal care attendants
- Respite care
- Transportation to and from Medicaid facilities to receive services and/or medical care



HOW DO I QUALIFY?

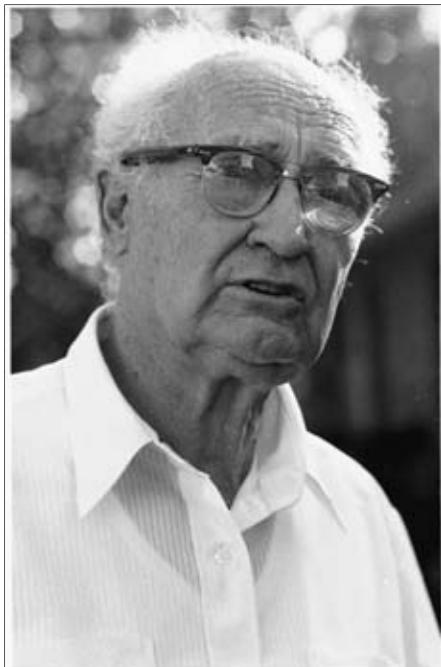
How you qualify for home and community services differs among programs. Most programs have functional and financial requirements you must meet.

FUNCTIONAL ELIGIBILITY

An evaluation must be completed to determine if you meet the functional eligibility requirements of the program that would best assist you to live independently. Certain programs may require medical documentation to support your functional eligibility.

FINANCIAL ELIGIBILITY

Financial eligibility for Medicaid funded programs is determined by the Family Support Division (FSD). Income limits may be adjusted annually. An eligibility provision called Medicaid Spenddown helps some individuals whose incomes are higher than the income limit.



Medicaid Spenddown sometimes allows individuals or married couples whose income exceeds the limits mentioned above to qualify for state assistance. It recognizes that people need medical help, even if their income is over a certain limit. This means that if your income is over the limit, but your monthly medical bills reduce that income to below the non-spenddown income limit, you **may** be eligible to receive Medicaid funded services.

Income includes, but is not limited to wages, social security benefits, veteran's benefits, pension and annuities, interest income, and disability benefits. Resource limits are \$999.99 or less for individuals and \$2,000 or less for couples. Resources

include, but are not limited to cash on hand, bank accounts, stocks, bonds, mutual funds, life insurance and vehicles. In addition, the Aged and Disabled Waiver allows for greater income and resource limits for persons age 63 or older. It also allows a Division of Assets which is a way to set aside a certain portion of a married couple's assets to help prevent spousal impoverishment.

Some programs do not have a financial requirement or may charge a small co-payment to receive services.

Discuss these options with your case manager or social service worker to see what services might be available to you.



HOW DO I APPLY FOR SERVICES?

You may contact any of the service agencies listed on the back page of this manual to apply for agency-specific services. That agency may also be able to assist you in applying for Medicaid-funded services. If you are unsure about what services are available to you or what your needs are, contact your local Family Support Division (FSD) county office.

OR

To apply for Medicaid services you, or an authorized representative, will need to complete a Medicaid application. You can obtain an application at your local FSD office. An Income Maintenance worker can assist you in filling out the form. You can also call your local FSD office and have an application mailed to you or visit www.dss.mo.gov/fsd/massist.htm to obtain the application on-line.

WHAT DO I NEED TO COMPLETE AN APPLICATION?

Contact the specific state service agency, and ask for information needed to complete your application for the agency's services.

To apply for Medicaid, complete the application to the best of your ability. FSD staff will complete the application if you are unable to. You might need to provide the following information:

- Proof of income such as a pay stub (FSD has access to Social Security Income records)
- Proof of assets other than your home (i.e. bank accounts, savings, IRAs)
- Cash surrender value of a life insurance policy
- Information on any transfer of assets during the past 3-5 years

WHO CAN HELP ME APPLY?

Many community organizations can help you apply for home and community-based services. They also can help you decide which services are right for you. These organizations include, but are not limited to, the Area Agencies on Aging, Centers for Independent Living, Department of Mental Health Regional Centers, Community Mental Health Centers, Special Health Care Needs Unit, and the Division of Senior & Disability Services. You can also have family members or friends help you complete the application.

WHEN WILL I KNOW IF I AM ELIGIBLE FOR STATE SPONSORED SERVICES?

It is important that you ask the agency representative assisting you when you will receive notification regarding eligibility for the program you are applying for.





For Missouri's Medicaid program, FSD will process your application. If your information is incomplete, the County FSD Office will contact you and help you complete the missing information. If you are found to be eligible for Medicaid, you will receive a letter that includes your Medicaid number.

WHAT DO I HAVE TO PAY?

If you are eligible for Medicaid funded home and community-based services, the services provided are free. *Note: For Spenddown recipients, you will be required to pay charges for medical expenses up to your monthly spenddown amount. Co-payments may also be required for certain services (i.e. hearing aids, mental health, vision or dental care)*

WHEN WILL SERVICES START?

If you are determined to be financially and functionally eligible for Medicaid, basic health-related service (doctor visits, hospital care, etc.) will be available to you right away. Some of the specialized home and community-based services may not be available to you immediately. Your social service worker can tell you if you will have to wait and how long. For other services not provided through Medicaid, check with the agency where you applied to determine when services will begin.

HOW WILL I KNOW WHICH SERVICE PROVIDERS TO USE?

If determined to be eligible for services, you will have a choice of service providers depending upon availability in your area. You can contact the Division of Senior & Disability Services (DSDS) or Department of Mental Health (DMH) for a list of providers.

WHAT IF I DON'T AGREE WITH A SERVICE DECISION?

When a decision is made to deny, reduce, change or stop Medicaid funded services, you will receive a letter that tells you about the appeal process. You have 90 days from the date of the decision to file an appeal. Once the State receives your request for a hearing, you will get another letter telling you the date, time, and place of the hearing.

If the Medicaid services you currently receive are being stopped or reduced, you can continue to receive the service while your case is in the appeal process. To do this, you must file your appeal within ten days from the date of the notice.

WHAT IF I DON'T LIKE THE APPEAL DECISION?

If you disagree with the Department of Social Services' appeals decision regarding your case, you may appeal the decision to your local circuit court.



WHAT DOES CONSUMER-DIRECTED MEAN?

"Consumer direction is a philosophy and orientation to the delivery of home and community-based services whereby informed consumers make choices about the services they receive. They can assess their own needs, determine how and by whom these needs should be met, and monitor the quality of services received." *The National Institute on Consumer-Directed Long –Term Services, July 1996.*

In Missouri, consumer-directed services can be accessed through the Division of Mental Retardation/Developmental Disability, and the Division of Senior & Disability Services.

ARE NON-MEDICAID FUNDED PROGRAMS AVAILABLE?

For individuals with disabilities, the Centers for Independent Living (CILs) located throughout the state offer a variety of advocacy and direct services. The CILs provide information and referral services, independent living skills training, peer support, individual and systems advocacy, employment and benefits counseling and a number of additional services.

Missouri's ten Area Agencies on Aging (AAAs) are responsible for identifying, coordinating and providing services to individuals 60 years of age or older within the AAA's defined service areas. The AAAs receive federal funds, state general revenue and local funds to provide services to all seniors regardless of income. The services are primarily targeted to low-income and frail elderly with the greatest social and economic needs. Recipients of AAA services are given the opportunity to make voluntary contributions toward the cost of services. These contributions are used to expand services to others in need. For more information on these community-based services, contact your local Area Agency on Aging office or call the Missouri Department of Health and Senior Services at 1-800-235-5503.

The Missouri Department of Mental Health (DMH), Division of Comprehensive Psychiatric Services (CPS) provides limited funding to Community Mental Health Centers (CMHCs) to offer Non-Medicaid services. CMHCs are located throughout the state and specialize in the provision of community-based services. For more information contact the Department of Mental Health— Comprehensive Psychiatric Services. You may also contact the MRDD Regional Center to find out about Non-Medicaid funded services which may be available to persons with developmental disabilities. Some areas provide private pay services as well.

WHAT IF I CURRENTLY RESIDE IN A NURSING HOME, RESIDENTIAL CARE FACILITY OR ICF/MR?

Some persons currently residing in a nursing home or an ICF/MR are interested in receiving home and community-based services. The United States Supreme Court has ruled that persons with disabilities and senior adults have a right to receive services in the most integrated setting as possible and to move out of institutions and into a community setting if the individual wishes to do so. Residents of nursing facilities or ICF/MRs, such as habilitation centers, who are interested in receiving home and community-based services have several methods of obtaining information regarding their options. They may speak with the facility's ombudsman, contact the local Center for Independent living, call DHSS at 1-800-235-5503, or call DMH at 1-800-364-9687.

IF YOU HAVE ANY CONCERNS REGARDING THE CARE YOU ARE RECEIVING IN A FACILITY YOU SHOULD:

- Talk to the facility's administrator;
- Call the DHSS Long-Term Care Ombudsman Program at 1-800-309-3282 or contact the DMH client rights line at 1-800-364-9687. A trained professional or local ombudsman volunteer will offer guidance in resolving the issue and contact the proper authorities if necessary; or
- Call the DHSS, Division of Senior and Disability Services (DSDS) hotline at 1-800-392-0210. DHSS is responsible for the licensing and oversight of Missouri nursing care facilities and staff are available to accept complaints 24 hours a day, seven days a week.

MEDICAID WAIVER INDEX

Some home and community-based services are called “waiver” services because the federal government has to “waive” some rules in order for the state to provide services outside of a facility.

The Medicaid Waivers available in Missouri are:

- **Aged and Disabled Waiver**
- **AIDS Waiver**
- **Independent Living Waiver**
- **Lopez Waiver**
- **MR/DD Comprehensive Waiver**
- **MR/DD Community Support Waiver**
- **Physical Disability Waiver**

AGED AND DISABLED WAIVER

63 years old or older

FINANCIAL ELIGIBILITY:

- Medicaid Eligible
- Special Income Limit available
- Special Asset Limit for couples

FUNCTIONAL ABILITY:

- Meet nursing facility level of care

SERVICES:

- Homemaker services
- Chore services
- Respite Care
- Advanced Respite Care
- Nurse Respite Care
- Institutional Respite Care
- Adult Day Health Care



The Aged and Disabled Waiver provides services to individuals age 63 and older who are determined to be Medicaid eligible and to have met eligibility requirements for DSDS home and community-based services. The recipient must be assessed to have a specific level of impairment and unmet needs, such that they would be qualified for placement in a nursing facility if the Aged and Disabled Waiver services were not provided.

Aged and Disabled Waiver service recipients must be willing to receive comprehensive assessment and case management services from DSDS and must reside in their home or the home of a caregiver to continue to be eligible for the program.

DSDS social service workers must periodically demonstrate that the cost of the home and community-based services for each recipient does not exceed the cost of the institutional care that would be required in the absence of the Aged and Disabled Waiver services.

The AIDS Waiver provides medically oriented in-home services to eligible Medicaid recipients with diagnoses of AIDS or HIV-related illnesses if they have needs that otherwise require nursing home care. A functional assessment is completed by case managers from local health departments and community-based organizations contracted by the Missouri Department of Health and Senior Services Section for Disease Control and Environmental Epidemiology. Coordination staff determine eligibility for both State Plan personal care and AIDS Waiver services.

AIDS WAIVER

FINANCIAL ELIGIBILITY:

- Medicaid Eligible

FUNCTIONAL ABILITY:

- Diagnosed with AIDS or HIV-related illness

SERVICES:

- Private Duty Nursing Services
- Waiver Attendant Care
- Personal Care Services
- Supplies (limited to diapers, under pads, and gloves)

To prove cost effectiveness, the case managers must demonstrate periodically that the cost of home and community based service for each recipient does not exceed the cost of the institutional care.



INDEPENDENT LIVING WAIVER

Ages 18-64

FINANCIAL ELIGIBILITY:

- Medicaid eligible

FUNCTIONAL ABILITY:

- Must be able to self-direct care
- Physical disability and/or
- Cognitive disability (Must begin on or after age 22)
- Meets nursing facility level of care

SERVICES:

- Personal Care Services
- Case Management
- Specialized Medical Equipment and Supplies
- Environmental Accessibility Adaptations



The Independent Living Waiver is designed to provide home and community-based services to individuals who require services beyond what the Missouri State Plan can provide. Services for the Independent Living Waiver require prior authorization by the Department of Health and Senior Services.

To contact the Missouri Department of Health and Senior Services, call 1-800-235-5503.



LOPEZ WAIVER

Ages 0-18

FINANCIAL ELIGIBILITY:

- Medicaid eligibility based on the income and resources of the child only
- Special income limit

FUNCTIONAL ABILITY:

- Permanently and totally disabled
- Mental retardation and or developmental disability that would otherwise require care in an ICF/MR, such as a habilitation center

SERVICES:

- Personal Assistant Services
- Community Specialist Services
- Case Management
- Respite
- Environmental Accessibility Adaptations
- Specialized Medical Equipment
- Behavior Therapy
- Crisis Intervention
- Transportation
- On-Site and Off-Site Developmental Habilitation



The Missouri Children with Developmental Disabilities (MOCDD) Model Waiver program (also known as the Lopez Waiver) provides home and community-based services to children with developmental disabilities.

The administration of the MOCDD Waiver Program is provided by the MR/DD Division within the Missouri Department of Mental Health.

For additional information, contact DMH at 573-751-4054.

MR/DD COMPREHENSIVE WAIVER

FINANCIAL ELIGIBILITY:

- Medicaid Eligible

FUNCTIONAL ABILITY:

- Mental retardation and/or developmental disability that would otherwise require care in an ICF/MR, such as a habilitation center

SERVICES:

- Residential and Day Habilitation Services
- Individualized Supported Living
- Behavioral, physical, occupational and speech therapy
- In-home and out-of-home respite care
- Personal Assistant Services
- Community Specialist Services
- Counseling & Crisis Intervention
- Communication Skills Instruction
- Supported Employment
- Transportation
- Environmental Accessibility Adaptations (home modification)
- Specialized Medical Equipment and Supplies (adaptive equipment)
- Transition Services
- Support Broker

This Medicaid Waiver is for individuals who have a diagnosis of mental retardation and/or a developmental disability (MR/DD). The MR/DD Waiver offers services to certain individuals who are Medicaid eligible and who might otherwise require placement in an ICF/MR.

Administration of the MR/DD Waiver is provided by the Department of Mental Health. Services under the Waiver are alternatives to an ICF/MR.

The provision of services through the Waiver must be determined necessary to avoid institutionalization or allow for discharge from an ICF/MR to live in the community. The cost of service under the Waiver must not exceed the cost that would otherwise be spent for services in an ICF/MR. Call MR/DD at 573-751-4054 for more information.



MR/DD COMMUNITY SUPPORT WAIVER

FINANCIAL ELIGIBILITY:

- Medicaid Eligible

FUNCTIONAL ABILITY:

- Mental retardation and/or developmental disability that would otherwise require care in an ICF/MR, such as a habilitation center.

SERVICES:

- Behavioral, Physical, Occupational, and Speech Therapy
- In-Home and Out-of-Home Respite Care
- Personal Assistant Services
- Community Specialist Services
- Counseling and Crisis Intervention
- Communication Skills Instruction
- Supported Employment
- Transportation
- Environmental Accessibility Adaptations (home modification)
- Specialized Medical Equipment and Supplies (adaptive equipment)
- Support Broker

This Medicaid Waiver is for individuals who have a diagnosis of mental retardation and/or a developmental disability (MR/DD). The MR/DD Waiver offers services to certain individuals who are Medicaid eligible, have a place to live in the community but require services and supports to avoid requiring ICF/MR placement, and who might otherwise require placement in an ICF/MR.

Administration of the MR/DD Waiver is provided by the Department of Mental Health. Services under the Waiver are alternatives to an ICF/MR.

The provision of services through the waiver must be determined necessary to avoid institutionalization. The cost of service under the waiver must not exceed \$22,000 annually. For more information, call MR/DD at 573-751-4054 .





PHYSICAL DISABILITY WAIVER

21 years old or older

FINANCIAL ELIGIBILITY:

- Medicaid Eligible

FUNCTIONAL ABILITY:

- Physical Disability

SERVICES:

- Private Duty Nursing Services
- Personal Care Services
- Specialized Medical Equipment and Supplies

The Physical Disabilities Waiver is designed to provide home and community based services to Medicaid recipients who have reached the age of 21 and are no longer eligible for home care services through the Healthy Children and Youth (HCY) Program. Services for the Physical Disability Waiver require prior authorization by the Department of Health and Senior Services, Bureau of Special Health Care Needs. For more information contact 573-751-6246.



STATE PLAN SERVICES

CONSUMER - DIRECTED STATE PLAN SERVICES

At least 18 years old

FINANCIAL ELIGIBILITY:

- Medicaid Eligible

FUNCTIONAL ABILITY:

- Must be able to self-direct
- Physically disabled
- Meets nursing home level of care

SERVICES:

- Personal Assistance Services include assistance with routine tasks and activities of daily living such as bathing, dressing, bowel and bladder routines, transferring, housekeeping, meal preparation, feeding, and other activities required as a result of the loss of physical function.

The Consumer-Directed Services (CDS) program provides personal care assistance services for Medicaid-eligible consumers with physical disabilities who need assistance with activities of daily living to live independently.

CDS allows the consumer to direct her or her own care in hiring, training and supervising their personal care attendant. The consumer is the employer and determines what tasks are performed as well as when the attendant is to perform them.

CDS is administered by DHSS's Division of Senior and Disability Services (DSDS). CDS vendors located throughout the state offer training and support for program participants on how to be an effective employer. For information regarding the CDS program, contact DSDS at 1-800-235-5503.



The Early Periodic Screening, Diagnosis and Treatment (EPSDT) program was expanded and renamed the Healthy, Children and Youth (HCY) Program.

Diagnosis and treatment services previously available to Medicaid eligible children under an EPSDT Program, have been expanded to cover those qualifying under the Medicaid "state plan". Now all Title XIX Medicaid eligible individuals are equally eligible for services covered by the state plan.

The HCY program allows for coverage of all medically necessary services which, when identified through a HCY screening, exceed the scope of the state plan.

The expanded goals provide all Medicaid eligible children with appropriate full health screens and subsequent treatment for identified health problems. Partial and inter-periodic screenings are available from a wide range of health care professionals. For more information contact the Bureau of Special Health Care Needs at 573-751-6246.

DHSS HCY STATE PLAN SERVICES

0-20 years old

FINANCIAL ELIGIBILITY:

- Medicaid Eligible

FUNCTIONAL ABILITY:

- Health Care Problems

SERVICES:

- Psychological/counseling/social worker services
- Case management
- Private duty nursing
- Speech, occupational, and physical therapy
- Environmental assessments for lead
- Personal care
- Home health
- Orthodontic care
- Medically necessary hospital beyond state plan limits
- Durable medical equipment



OTHER STATE AGENCIES TO CONTACT

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BUREAU OF SPECIAL HEALTH CARE NEEDS

The mission of the Bureau of Special Health Care Needs is to develop, promote, and support community-based systems that enable the best possible health and highest level of functioning for Missourians with special health needs. To that end, the Bureau of Special Health Care Needs provides services for children and adults with disabilities, chronic illness, and birth defects. Services include assessment, treatment, and service coordination.

The Bureau is organized into four programs and has several support activities that work to improve the health of individuals with special health care needs. Programs include:

1. HOPE PROGRAM

Also known as the Children with Special Health Care Needs Program, the Hope Program provides assistance for children under the age of 21 who meet financial and medical eligibility guidelines. This service focuses on early identification of children with special needs; funding for preventive, diagnostic, and treatment services; and provision of service coordination activities for families. Service coordination is provided through 13 regional contracts and by Bureau staff.

2. ADULT HEAD INJURY SERVICE

The Adult Head Injury Service provides assistance in locating, coordinating, and purchasing rehabilitation and psychological services for individuals who are age 21 and older who have survived a traumatic brain injury (TBI). This type of injury is defined as “a sudden insult or damage to the brain or its coverings, not of a degenerative nature.” Service coordination is available free of charge, regardless of financial status of the individual with TBI. Rehabilitation funding is available statewide to survivors of TBI whose income is 185% of the poverty level or lower.

3. SERVICE COORDINATION

Service Coordination is a collaborative process that assists an individual/family to assess their needs and resources and develop a plan to address those needs, including assessment for home-based services. Service Coordination facilitates, implements, coordinates, monitors, and evaluates services and outcomes, and encourages an individual/family to develop the skills needed to function at their maximum level of independence. Individuals' Service Coordinators will continue to monitor and evaluate services as long as individuals remain in the services.

GOVERNOR'S COUNCIL ON DISABILITY

The Governor's Council on Disability provides leadership and support so that all Missourians with disabilities achieve equal opportunities and independence. In carrying out this mission, the Governor's Council on Disability:

1. provides educational programs on disability rights & awareness;
2. provides technical assistance to Missourians interested in learning more about the legal issues of disability rights;
3. works with the legislature to ensure that proposed laws respect the rights of persons with disabilities;
4. works with national and state governmental agencies to ensure rulemaking is sensitive to the needs and rights of persons with disabilities; and,
5. offers free publications dealing with disability awareness and disability rights.

MISSOURI ASSISTIVE TECHNOLOGY (MoAT)

The Mission of Missouri Assistive Technology is to increase access to assistive technology for Missourians with all types of disabilities, of all ages. "Assistive technology" is any device or equipment that can help a person with a disability improve or maintain their independence. Programs include: The Telecommunication Access Program (TAP) which

can provide adaptive telephone equipment or adaptive computer equipment; The ETC program through which equipment can be borrowed up to six weeks to try out before making a purchasing decision (includes augmentative communication devices, computer access, low-vision devices, switches, and many others); The Show-Me Loan program which provides low-interest loans to help purchase assistive devices, home access improvements and vehicle access modification; The Swap 'n Shop program which is an assistive device exchange program that allows consumers to buy and sell pre-owned adaptive equipment; The Kids Assistive Technology program which provides funding to help purchase assistive technology for children and teenagers. MoAT also provides information and referral to those seeking more information about assistive technology devices, policies or funding and provides training including an annual state-wide Assistive Technology conference.

MISSOURI PLANNING COUNCIL FOR DEVELOPMENTAL DISABILITIES (MPC)

The Missouri Planning Council for Developmental Disabilities (MPC) is a 24 member, consumer-driven council appointed by the Governor funded through the Federal Developmental Disabilities Assistance and Bill of Rights Act. Its mandate is to plan, advocate for, and give advise concerning programs and services for persons with developmental disabilities that will increase their opportunities for independence, productivity, integration, and inclusion into communities.

MISSOURI DEVELOPMENTAL DISABILITIES RESOURCE CENTER (MODDRC)

The MODDRC is an information and referral service located at the University of Missouri-Kansas City Institute for Human Development. The Resource Center offers services such as: published materials on developmental disabilities; resource packets on a variety of disability topics; books and multimedia library; professional and family consultant databases; directories for state and national support groups and disability organizations; and Missouri's Sharing Our Strengths Support Matching Network. Services through the MODDRC are available at no cost to

AGENCIES AND TERMINOLOGY

Area Agencies on Aging (AAA)- Provides services for individuals age 60 and over such as Congregate and home delivered meals, transportation, legal support, information and referral, case management services, and family care giver services. Located in 10 regional offices covering every Missouri county and St. Louis City.

Centers for Independent Living (CILs)- Community-based non profit consumer controlled organizations that are cross-disability and provide information and referral, independent living skills training, peer support, and individual systems advocacy as their four core services. For more information about CILs, or to find the center closest to you, call the State-wide Independent Living Council toll free 1-877-222-8963.

Consumer-Directed Care- Administered by the Department of Health and Senior Services (DHSS). Consumers direct their services by hiring, training, and managing their own attendants. This program maximizes consumer control and choice regarding who is hired and what, when, and how the attendant tasks are done.

Division of Medical Services (DMS)- Housed within the Department of Social Services (DSS), is responsible for the payment of all Medicaid funded services to consumers and service providers.

Division of Mental Retardation and Developmental Disabilities (MRDD)- Housed within the Department of Mental Health, serves a population that has developmental disabilities such as mental retardation, cerebral palsy, head injuries, autism, epilepsy, and certain learning disabilities. Such conditions must have occurred before age 22, with the expectation that they will continue. To be eligible for services from the division, persons with these disabilities must be substantially limited in their ability to function independently.

Division of Senior and Disability Services (DSDS)- Part of the Department of Health and Senior Services (DHSS), DSDS employs social workers throughout the state who provide case management and adult protective services to seniors and adults with disabilities.

Family Support Division (FSD)- Offices located in every Missouri county and the city of St. Louis, housed within the Department of Social Services (DSS) and determines eligibility for public assistance benefits such as food stamps, Medicaid and Blind Pension programs.

Healthy Children and Youth (HCY)- Provides preventative health services to children under the age of 21 who are enrolled in Medicaid. The objectives of this program are improved access to health services, increased frequency of health screenings, improved provider participation in Medicaid, and expansion of diagnostic and treatment services.

Home and Community Services- Services and supports provided in a home or community location to help persons live as independently as possible.

Intermediate Care Facility for Persons with Mental Retardation (ICF/MR)- A licensed facility that provides care designed to meet the needs of persons with mental retardation who require special health and rehabilitation services. Missouri's habilitation centers are ICF/MR facilities.

Long-Term Care- Services designed to provide diagnostic, therapeutic, rehabilitative, supportive or maintenance services for individuals who have chronic functional impairments. Services may be provided in a variety of institutional and non-institutional settings, including the consumer's home.

Medicaid- State and federally funded health care for low income and needy populations.

Medicaid Spenddown- Medicaid for elderly, blind, or disabled populations which require consumers to "spend down" some of their monthly income in order to reduce their incomes to the non-spenddown limit in order to qualify for services.

Ombudsman— Individuals who visit nursing facilities as resource personnel, not employed by the facility or the state, to advocate for resident rights, mediate resident issues with other residents or the facility, and serve as a contact for residents and their families.

Personal Care— In-home personal assistance service such as help with bathing, dressing, bowel and bladder routines, transferring, meal preparation and housekeeping.

Regional Center-Housed in 11 principal sites and supported by numerous satellite locations, are the primary points of entry into the MRDD system. Regional Centers provide assessment and case management services, which include coordination of each individual's "person-centered plan." They can purchase a wide variety of services for individuals, based on the individual's person-centered plan.

Residential Care Facility (RCF) - A licensed facility that provides meals, shelter and personal assistance or supervision for more than 24 consecutive hours for adults who do not require nursing home care. Residents must demonstrate ability to negotiate a path to safety in case of emergency.

TTY— Stands for Teletype Device that provides telephone accessibility to people who are deaf, hard of hearing or speech impaired. TTYS have a typewriter keyboard and allow persons to type their telephone conversations via two-way text. Conversation is read on a lighted display screen and/or paper print out on the TTY.

Waiver— A term describing Medicaid programs funded by the federal and state government which "waive" certain statutory limitations so that states can offer innovative programs to provide home and community services to eligible persons.

For more information regarding programs available to assist elderly and disabled citizens of Missouri, contact one of the following agencies:

Family Support Division (FSD)
Information Line **800-392-1261**
www.dss.mo.gov/fsd

Division of Senior and Disability Services
Information Hotline **800-235-5503**
Bureau of Special Health Care Needs
Hope Hotline **800-451-0669**
www.dhss.mo.gov
www.health.state.mo.us/SHCN

Department of Mental Health (DMH)
Client Rights **800-364-9687**
www.dmh.mo.gov
Division of Mental Retardation & Developmental Disabilities (MRDD)
800-207-9329
www.dmh.mo.gov/mrdd
Network of Care for Mental Health
[Http://missouri.networkofcare.org/home_state.cfm?stateid=30](http://missouri.networkofcare.org/home_state.cfm?stateid=30)

Missouri Division of Vocational
Rehabilitation (MDVR)
877-222-8963
www.vr.dese.mo.gov

Department of Social Services
Division of Medical Services
P.O. Box 6500
Jefferson City, MO 65102-6500

Mailing address label